



EV554735627

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/893,373
	Filing Date	6/26/2001
	First Named Inventor	Bret P. O'Rourke
	Group Art Unit	2188
	Examiner Name	Namazi, M.
Total Number of Pages in This Submission	Attorney Docket Number	MS1-575US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO form 1449; 6 cited references; return postcard
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s)	
Remarks		

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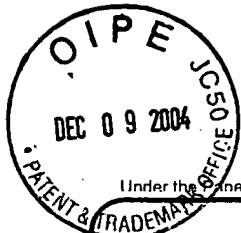
Firm or Individual Name	Steven R. Sponseller, Reg. No. 39384
Signature	
Date	December 9, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Carly Taylor	
Signature		Date 12/9/04

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EV554735627

PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**230.00****Complete if Known**Application Number **09/893,373**Filing Date **6/26/2001**First Named Inventor **O'Rourke**Examiner Name **Namazi, M.**Art Unit **2188**Attorney Docket No. **MS1-575US****RECEIVED****DEC 4 2004****Technology Center 2100****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **12-0769** Deposit Account Name: **Lee & Hayes, PLLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 26 - 20 or HP = 1 x 50 = 50

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x = **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fees Paid (\$)

180**SUBMITTED BY**

Signature	<u>Steven R. Sponseller</u>	Registration No. (Attorney/Agent) 39,384	Telephone (509) 324-9256
Name (Print/Type)	Steven R. Sponseller	Date <u>12/09/04</u>	

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